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SINGLE PROJECT SUPPLEMENT TO CONTRACTORS ENVIRONMENTAL LIABILITY INSURANCE APPLICATION

(Gradual or Sudden and Accidental for off premises exposures)

CLAIMS MADE COVERAGE

Name of Applicant: _____

Supplemental to Contractors Environmental Application dated: _____

- Please attach:
- a) Site Plan
 - b) Project specifications (tender documents and insurance sections)
 - c) Environmental Site Assessment (ESA) where applicable

1. PROJECT INFORMATION:

a) Name: _____

b) Project Address/Location: _____

c) Description of work to be performed: _____

d) Construction Period: From: _____ To: _____

2. PROJECT PARTICIPANTS:

Names: _____

Owner: _____

Project / Construction Manager: _____

General Contractor: _____

3. PROJECT DETAILS:

Will Project be undertaken in Phases? Yes No If Yes, please indicate:

Number of Phases: _____

Start date for each Phase: _____

Description of work for each Phase:

Which Phases to be covered: _____

4. WILL THIS PROJECT BE BONDED?

Yes No If Yes, with what company? _____

5. WILL THIS PROJECT INVOLVE WORK ON A CONTAMINATED SITE?

Yes No If Yes, please describe:

6. ESTIMATED PROJECT VALUE: \$ _____ (Complete cost breakdown below and on the next page)

ENVIRONMENTAL OPERATIONS		ESTIMATED COSTS	ESTIMATED PERCENTAGE SUBLET
Abatement:	Asbestos/Lead	\$	%
	Mould	\$	%
Barrier/Liner Contractors		\$	%
Dredging		\$	%
Emergency Haz Material Cleanup		\$	%
Groundwater Sampling		\$	%
Groundwater Treatment and Recovery		\$	%
Haz Material Cleanup, Soil Excavation		\$	%
Hydrocarb or Chem Recycling/Recovery		\$	%
Mobile Incinerators		\$	%
On-site HazWaste Treatment		\$	%
PCB Oil/Equipment Retrofill and Removal		\$	%
Soil Sampling		\$	%
Tank Removal/installation		\$	%
Waste Storage		\$	%
Other (explain) _____		\$	%
Other (explain) _____		\$	%

NON-ENVIRONMENTAL OPERATIONS	ESTIMATED COSTS	ESTIMATED PERCENTAGE SUBLET
Carpentry	\$	%
Construction Management	\$	%
Demolition/Dismantling	\$	%
Drilling	\$	%
Electrical	\$	%
Excavation (Non Haz)/Grading	\$	%
General Contracting	\$	%
Home Builders, Developers	\$	%
HVAC/Mechanical	\$	%
Industrial Cleaners (incl. Sewer/Septic)	\$	%
Insulation	\$	%
Logging	\$	%
Masonry/Concrete	\$	%
Marine	\$	%
Oil Lease	\$	%
Operations and Maintenance	\$	%
Painting	\$	%
Pest/ Herb/ Fungicide, Fertilizer appl.	\$	%
Pipeline Construction/Cleaners	\$	%
Plumbing	\$	%
Roofing	\$	%
Steel Erection	\$	%
Street and Road Construction	\$	%
Other (explain)	\$	%
Other (explain)	\$	%
Total	\$	%

7. IDENTIFY SUBCONTRACTORS TO BE COVERED UNDER THIS POLICY INCLUDING SERVICES PROVIDED:

(Use an additional sheet if more room is needed.)

8. DOES THE APPLICANT OBTAIN EVIDENCE OF ENVIRONMENT LIABILITY INSURANCE FROM SUBCONTRACTORS? Yes No

9. OTHER INSURANCE FOR THE PROJECT:

TYPE	CARRIER	LIMITS	DEDUCTIBLE
General Liability		\$	\$
Automobile		\$	\$
Professional Liability		\$	\$
Wrap Up Liability		\$	\$

10. IS COVERAGE REQUIRED ON A:

Gradual (including S&A) or Sudden & Accidental basis

11. IS A PRODUCTS AND/OR COMPLETED OPERATIONS POLLUTION EXTENSION REQUIRED?

Yes No (Note: The products/completed operations extension is not available on the S&A policy)

12. DOES THE CONTRACT REQUIRE A COMPLETED OPERATIONS PERIOD EXTENSION:

Yes No 12 months 24 months Other: _____ Months

13. LIMIT OF LIABILITY REQUIRED:

\$1,000,000 \$2,000,000 \$5,000,000 Other: \$ _____

14. SELF INSURED RETENTION REQUIRED:

\$5,000 \$10,000 \$25,000 Other: \$ _____

15. LOSS EXPERIENCE:

a) Have any claims been previously made against the Applicant or reported under any other Contractors Pollution Policy?

Yes No If Yes, please provide details including:

i) The date when the claim(s) was made: _____

ii) The date the incident(s), giving rise to the claim, took place: _____

iii) The nature of the claim(s): _____

iv) The amounts paid or estimated: _____

v) The current status: _____

b) Is the Applicant aware of any fact, circumstance or situation which could result in a claim being made against the Applicant or any other person/entity for whom coverage is being sought?

Yes No If Yes, please provide details:

16. HAS ANY INSURER EVER CANCELLED, DECLINED OR REFUSED TO RENEW OR ISSUE INSURANCE OF THE TYPE APPLIED FOR?

Yes No If Yes, please provide details:

17. GENERAL INFORMATION:

a) What protocol is in place for the handling, temporary storage and weather protection of waste materials at a job site?

b) Does the Applicant select or recommend storage, landfill or disposal locations for waste materials on behalf of the client? Yes No

c) Does the Applicant confirm that the location is licensed to accept the waste materials? Yes No

d) Total number of vehicles hauling contaminated materials? _____

e) What type of contaminated materials are hauled? _____

f) How is cargo transported? Container Bulk Maximum radius of operations? _____

g) Does the Applicant obtain annual driver abstracts for all employees operating the Applicant's vehicles?

Yes No

THIS SUPPLEMENT TOGETHER WITH THE ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE APPLICATION TO WHICH IT IS ATTACHED, CONSTITUTE THE APPLICANTS REPRESENTATIONS AND WILL FORM THE BASIS OF ANY POLICY THAT MAY BE ISSUED.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____



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